									Application or Docket Number				
PATENT APPLICATION FEE DETERMINATION RECO Effective October 1, 2003								10/7995121					
CLAIMS AS FILED - PART I (Column 1) (C						umn 21		SMALL TYPE	ENTITY /	OF		THAN	
TOTAL CLAIMS			Ц					RATE	FEE	ר ר	RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FE		OR	BASIC FEE		
TOTAL CHARGEABLE CLAIMS			√ minus 20=		•			X\$ 9=		OR	XS18=		
INDEPENDENT CLAIMS			minus 3 =		•			X43=		OR	X86≈		
M	JLTIPLE DEPE	NDENT CLAIM F	PRESÈNT				.145			OR	÷290=		
• 11	the difference	e in column 1 is	ero, enter	*0* in (column 2	'	TOTAL	+	OR	L	סרר		
/ / CLAIMS AS AMENDED - PART II									-	J •···	OTHER		
2	2/4/0	(Column 1)		(Colun		(Column 3)		SMALL	ENTITY	OR	SMALL		
AMENDMENT A	/ *	CLAIMS REMAINING AFTER AMENDMENT		HIGHI NUME PREVIO PAID I	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	. 4	Minus	-2	0	=		XS 9=		OR	XS18=		
	Independent	• (Minus	<u>ٿ ا</u>	<u> </u>	-		X43=		OR	X86=		
L	FIRST PRESE	ENTATION OF M	ULTIPLE DE	PENDENT	CLAIM			+145=		OR	+290=		
	(•	•	•		•		L	TOTAL			TOTAL		
	(Column 1) (Column 2) (Column 3)							IDDIT. FEE	<u> </u>	JOR .	ADDIT. FEE		
		CLAIMS	T	HIGHE	ST	(Column 3)	1 5		ADDI-	1 I	1	ADDI-	
AMENDMENT B		REMAINING AFTER AMENDMENT		PREVIO PAID F	USLY	PRESENT EXTRA		RATE	TIONAL		RATE	TIONAL FEE	
	Total .	•	Minus	••				XS 9=		OR	X\$18=		
	Incependent	NTATION OF MU	Minus	ENDENT	CLAU	=		X43=		OR	X86=		
لبنا	FING! FRESE		CHPLE DE	EIADEIAI	CLAIM	· .		+145=		OR	+290=	•	
							L	TOTAL DDIT. FEE		OR .	TOTAL ADDIT, FEE	•	
	•	(Column 1)	•	(Colum	ın 2)	(Column 3)	~	DUII. FEE			ADDII. PEEL		
0	`	CLAIMS		HIGHE	ST .		lr		ADDI-	,		ADDI-	
AMENDMENT C		REMAINING AFTER AMENDMENT		PREVIOU PAID F	USLY	PRESENT EXTRA		RATE	TIONAL FEE		RATE	TIONAL	
	Total	•	Minus	**		s .		X\$ 9=		OR	X\$18=		
	Independent		Minus	***		a .	┢	X43=		ا ۾	X86=		
	FIRST PRESE	NTATION OF MU	LTIPLE DEF	ENDENT	CLAIM	. 🔲	H			OR			
• H	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.									OR	+290=		
1	"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."									OR A	TOTAL DDIT. FEE		
·i	he *Highest Num	ber Previously Paid	For (Total or	Independen	it) is the	highest number	foun:	d in the ap	propriate box	in colu	IMN 1.		